



Michigan Association of School Social Workers

Resolution Statement on the Flint Water Crisis

Meeting the Needs of Students in the School Setting in an Ongoing Public Health Crisis

The Michigan Association of School Social Workers shares the very serious and widespread concerns about the unprecedented public health crisis that has been unfolding in the city of Flint. State and federal assistance with the provision of water, water filters and plans for testing of blood and water samples are all critically important steps in addressing this crisis.

It is also incumbent upon us to remember the crucial need for resources for the Flint area schools to enable them to assist students and continue the important activities of teaching and learning in the midst of this ongoing state of emergency. An estimated 5400 school-aged students were drinking lead-tainted water in their schools and many more students were exposed to unsafe water at home. Hundreds of students in early childhood programs have been impacted as well.

These students, along with parents and staff, have been functioning in an ongoing atmosphere of stress and uncertainty regarding the potential impacts of lead poisoning and other health concerns related to the water supply. In addition to being exposed to lead, they have also been exposed to the large-scale presence of media, countless news reports and community demonstrations. Perhaps most importantly, they have been exposed to the fears, frustration, and anger of their parents and adult members of their community. Their sense of safety and security has been compromised. They are in need of hope and reassurance that they will be cared for and supported.

Unfortunately, the Flint Community Schools and other area districts have experienced ongoing budget cuts and reductions in staff that will challenge their ability to respond to this situation. Additionally, a frequent hallmark of trauma is avoidance, where adults may avoid talking with children about trauma out of a concern that doing so may cause additional anxiety or stress, creating another barrier to appropriate intervention. Failure to provide early intervention can lead to the development of anxiety disorders and post-traumatic stress disorder, with long-term developmental, emotional and behavioral consequences. We must work to insure that the trauma that accompanies this crisis is not ignored.

Trauma theory suggests that students' responses will vary, depending on their ages, developmental levels, individual characteristics and their prior exposure to trauma. Many Flint area students may be experiencing symptoms of excessive worry and fearfulness, difficulties with concentration, irritability and sleep disturbance, any of which may be substantially impacting their school performance.

Students who have high blood lead levels (HBLLs) are likely to exhibit restless, impulsive and inattentive behaviors. Long-term neurological problems may include ADHD, and other behavioral, learning and memory difficulties. Lead poisoning can also cause speech impairment and hearing loss to further exacerbate learning or behavioral problems.

An early and well-designed response by a team of professionals is necessary to address not only the physical health and safety of the school community, but also to address mental health needs in order to optimize the ability of students and staff to continue to engage in the learning process. Decreasing the levels of stress may also help to mitigate the effects of lead poisoning.

The school setting is an effective and efficient "hub" from which to provide the necessary range of mental health and psychoeducational interventions. Schools, however, must be adequately staffed with school social workers, school psychologists, school counselors who can provide appropriate services, connect students and families to community resources and work collaboratively to integrate mental health, behavioral and academic supports to

streamline service delivery and avoid redundancy. Recommended ratios of 1/250 for both school counselors and school social workers and 1/750 school psychologists should be a goal for staffing, with part-time or retired school social workers and others hired on a temporary basis, as needed, to address immediate concerns.

All students will need age-appropriate, factual information regarding the risks they are facing, as well as the opportunity to ask questions and have rumors dispelled. They need an opportunity to express their feelings and concerns. They need to be provided with a sense of hope, along with reassurance that their needs will be met, with the goal of restoring their sense of safety and well-being.

Utilizing a multi-tiered systems of support model, all students would be provided with an appropriate level of intervention based on a screening process to identify those with more significant academic, emotional and behavioral needs. For those students who test with high blood lead levels, the CDC (April 2015) described interventions that educational systems can support improved outcomes to include:

- 1) Facilitated access to multidisciplinary evaluations, interventions and special education services, as well as assessments of executive function and social developmental assessments to identify cognitive and functional deficits in lead-exposed children with HBLLs.
- 2) Consistent interpretation of provisions in the Individuals with Disabilities Education Act (IDEA) and Americans with Disabilities Act (ADA) that require provision of assessment and educational interventions, including mechanisms to ensure that children with a history of HBLLs receive the services to which they are entitled.
- 3) Information and consultation on the implications of the connection between lead exposure and educational results for educators and parents, as well as recommended supports and strategies.

The Michigan Association of School Social Workers urges the recognition of the ongoing trauma experienced by students, parents and educators of the Flint area schools. They are clearly among the most impacted and vulnerable victims of this crisis. Resources must be mobilized immediately to support the best possible physical, emotional and academic outcomes for students.

Michigan Association of School Social Workers

www.masswmi.org

Donna Secor Pennington, Communications Liaison

dsecorpenn@gmail.com

Jessica Bucheister, President

January, 2016

References:

Child Health and Development of Connecticut (September 2015). Advancing trauma-informed systems for children, Retrieved from: http://www.chdi.org/files/7514/4405/4524/Trauma_IMPACT_-_FINAL.pdf

CDC, National Center for Environmental Health Expert Panel (April 2015). Educational interventions for children affected by lead. Retrieved from: http://www.cdc.gov/nceh/lead/publications/educational_interventions_children_affected_by_lead.pdf

A Framework for Safe and Successful Schools, Retrieved from Children's Mental Health Network, <http://www.cmhnetwork.org/take-mental-health-to-heart/a-framework-for-safe-and-successful-schools>